

Table 1
 Sen Allen Schmidt
 Debbie Smith
 Allen Smith
 Mike Hoar
 Shawnee Holt
Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 1

SUGGESTIONS

Children, Families and Pregnant Women:

Mental Health - Establish outcome + acuity standards. Currently the model supports getting paid more if you spend more. With reduced funds its important to contain treatment + cost to outcomes desired.

Children/families/pregnant women: screening may stop the abuse of declining health insurance at the job + relying on Medicaid to cover costs

Mental Health - preventive capabilities in the community need to be expanded
 - Treatment should + can be ~~done~~ accomplished by mental health personnel other than the psychiatrist or psychologist. Expand codes to allow other clinicians + case workers to Medicaid

Disabled:

1. Increase opportunities for meaningful work.
 2. Don't cut - increase the programs - that partnership w/ community businesses + schools to provide work for the disabled.
 3. Increase availability of HCBS - it ~~works~~ provides needed services @ a reduced cost.
 4. Transportation ~~capa~~ capability limits access to services. - especially in rural + remote areas. We need to relook how we can effectively + efficiently improve access.
 5. Transportation limits access to work, this requires a review of various methods to provide + pay for transport.
- Co. Better supervision of the highest impact medications.

Aged: This population will explode in next 25 yrs - doubling

1. Provide ^{better} incentives to family members, churches, + other non-profits to provide care for aged. Support includes: equipment, transportation support, adult day care, etc. This may require training + certification to receive funds.
 2. For those who want to continue to work after "retirement", provide opportunities within communities for part time employment in addition to opportunities to volunteer. (encourage)
- Partnership state + community for economic venture that brings work (economic opportunity) to the community, based on skill sets of its seniors. Keeping seniors engaged helps maintain ~~breety~~ health, purpose, + provides some finances.

7. Streamline eligibility paperwork.

Flip the paradigm
 Economic development
 based on seniors
 57, 115.



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Table #: TWO - Dodge City 7-8-11

SUGGESTIONS

Children, Families and Pregnant Women:

- ① SLIDING SCALE IN WORK & SALARY INCREASE IN PROPORTION TO BENEFIT - WILL REMAIN IN THE WORK FORCE.
- ② PROPER CHOICES OF FOOD - AND EDUCATE CHILDREN - DIABETES - OBESITY. - COMMUNITY GARDENING ORAL CARE PROPENSE FAITH BASED ↑ IN NEIGHBORHOOD
- ③ - MIND SET - WITH CHILDREN - DON'T BLOW \$100 - SAVE IT. FINANCIAL RESPONSIBILITY - BUDGET - SAVING. SET FINANCIAL GOALS.

Disabled:

- TRAUMATIC BRAIN INJURY - NEED VISION & ORAL CARE.
- EDUCATE WANTED GREETER - EMPLOYERS A PERSON WITH DISABILITIES IS A DOMINO EFFECT AS THEY NEED DRIVERS. HELPS OVER ALL HEALTHY
- EMPLOYERS PERSON ON A VENTILATOR TO BE A
- EDUCATE FOR BRAILLE TRANSCRIPTION - OR RADIO WORK - MEDICAL TRANSCRIPTIONIST -

Aged:

- ① INVESTMENT - ORAL CARE - VISION - HEARING - WILL REDUCE COSTS = BETTER OVER ALL HEALTH & FALL PREVENTION
- ② INFRASTRUCTURE
 - A. RURAL DELIVERY - VIA TELEMEDICINE - SKYPE - NURSE TO BE THERE + SKYPE TO DOCTOR'S OFFICE CHECK UPS AT HOME + NURSING HOME
 - B. TRANSPORTATION - RESUP PROGRAM - LOCAL BUT RURAL.
- PHARMACY - DOUBLE DAILY MEDS. UNUSED MEDICATION - RE-USE?? MONITOR SYSTEM
- PREVENTIVE STEPS PROGRAM - FOR IN-HOME → STARTED UNDER GOV SEBELIUS → SENIORS TOGETHER ENJOYING PHYSICAL



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Table #: 3

SUGGESTIONS

Children, Families and Pregnant Women:

- Refocus on eligibility criteria; incorporate more stringent guidelines
- Educate families in preventative health measures.

Disabled:

Increase wages for direct-care staff to decrease turnover rate
Encourage builders to build handicapped accessible housing
Electronic data collecting to mainstream mgmt.
Encourage those who are employed successfully to contrib. sm. % to their care.
Educate younger children how to respond to issues of DD & aging.

Aged:

Increase wages for direct-care staff to eliminate turnover rate
Encourage, educate families to care for elderly relatives
Encourage asking for services to be done by church groups or on voluntary basis. Encourage agencies to develop volunteer programs.



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Table #: 9

SUGGESTIONS

Children, Families and Pregnant Women:

- Engaging Families in health homes as presented by the Medicaid state plan amendment for health homes.
- Tax breaks, or other economic incentives for providers
- Encouraging medication adherence. thru MIM & services provided by pharmacies or case managers.
- Incentives, and outcome measures for preventive services & early intervention in physical and mental health services.
- Focus on evidence-based practices. Many of which are not

Disabled: reimbursed currently.

- Integrated care thru health homes
- Integrated care thru reducing regulations (ie CMHCs providing medical care)
- Unused medications. Increase use of this program
- Incentives for medication adherence
- Preserve carve-out for mental health services. This is not a barrier. In fact, ~~you~~ you could mandate integrated care & care coordination in future contracts.

Aged:

- Bridging the gap in providing mental health services to seniors
- ~~Creating~~ creating a managed care environment for Aged population that would provide comprehensive benefits
- Increased use of telehealth including consumer education
- Better transportation options
- Utilize case managers thru ~~the~~ a patient-centered medical home model.
- Money follows the person



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Table #: 5 - Dodge City

SUGGESTIONS

Children, Families and Pregnant Women:

- Break down barriers - So is holistic approach - Children + Adults
- If believe in prevention - find early intervention - cost effective approach - necessary reimbursement
- Discussed Managed Care concept - Coordinated care
- Increased need for Physicians who - see Medicaid kids
- Patient Centered Medical Home concept for children - must be more available in rural KS.
- Major concern on scheduling transportation - Internet as an option (?)
- Need improved outreach to reach all eligible children

Disabled:

- Reintegration - Better discharge planning from State Hospital for both Physical care needs + M.H./P.D. needs
- Recovery Process for M.H. patients - Self-directed care
- Need more Psychiatrists in western KS - Use Tele Psych more - consider interstate regulation to use Psychiatrists
- Must Treat whole person - Nurse needs to be trained to serve whole person
- Pre-occupational services + Vocational Services both needed for back to work opportunities / Supported employment
- Encourage self-employment + provide T.A.
- Respite care needed + must be reimbursed in community

Aged:

- Access points for services because Seniors do not drive
- Must utilize Senior Centers / Senior Companions / Retired Nurses
- Services by HCBJ providers must go to where the seniors are
- Pharmacy should be more proactive with coordination of prescriptions to elders
- Need In Home provider services
- Incentives to receive care
- Purchase air conditioner + assist payment with electric bill - Could delay P.H. placement
- Do preventative care for elderly - cost effective in long run to pay health care provider in rural community



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Table #: 5 Dodge City

SUGGESTIONS

Children, Families and Pregnant Women:

[Empty box for suggestions for Children, Families and Pregnant Women]

Disabled:

- Resources provided before patient in crisis
- Improved medication management -
- Manage Care Model
- Improve access to care for disabled for early interventions & prevention - on waiting lists
- Oral health must be provided - mid level dental program very important
- Transportation - so isolated
- Adequate reimbursement for services

Aged:

- Families & Neighbors step up & assist elders to keep in home & in community
- Senior Centers educational tool for seniors
- Adult Day Care / Respite Care for rural communities / for care givers
-



" No Mission too difficult
 No sacrifice too Great
 Duty First"
 1st Infantry Division Model



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Table #: *6 + 7 Combined*

SUGGESTIONS

Children, Families and Pregnant Women:

Invest in population by providing training for employment, then require commitment of employment in underserved area.
State agencies have no incentive to save money - -
Eliminate over-regulation
Offer some level of dental care in a variety of settings - more than what is provided to
Involve Board of Education in reaching out to potential professionals students to improve education opportunities/career options
Allow state agencies to keep savings without reducing their operating budget the next following year. But, they freeze their budgets for the next FY.

Disabled:

- Managed care reimbursement CAPS, why can some nursing homes provide the same care at a lesser cost than other nursing homes or hospitals? Big spenders get a bigger reimbursement. We seem to fiscally punish those who save the state money.*
- Incentive universities to have more clinics throughout Kansas that provide the mental & physical care of our residents.*
- Expand the network of services so we can share services to people in Kansas.*

Aged:

Regulations - realistic - Reward good homes - educate / incentive to create new services in rural areas
families provide LTC insurance - encourage (CLASS Act Health Care Reform)
HCBS - few providers in Frontier Areas -
- look back period. -
Communication with cell care groups. -
Sharing services -
Transportation is difficult! Help.



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Table #:

8

SUGGESTIONS

Children, Families and Pregnant Women:

Disabled:

- mentally - Reducing Costs does affect the quality of care and were already getting cut which prohibits the us being able to provide quality care at quantity which in turn drives up the cost.
- Educating clients employers about mental illness. ^{had to} Eliminate ^{the} via services because of the lack of funding.
 - tax credits for employers (incentives) for employers.

Aged:

Dave Geist - SWKAA

- * Need the referral a lot sooner before they need nursing home care to provide preventative services
- * Develop some type of Managed Care system for all seniors and not just Medicaid.
- * Bridge the gap between Mental Health - Senior - Provide Geriatric care. (state providing funding)
- * finding more providers to provide the services
look at the break even point for reimbursement of services. If you want some minimum level of service you need to pay for it



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Table #:

9

- 100 Much Red Tape -

Providers & accurate Billing

* For All - Medicaid Fraud - make absolutely Positive Pt. is eligible

SUGGESTIONS

* Children, Families and Pregnant Women:

1. Obtaining more providers to reduce Spending, of travel - And providing preventive care or early care - Loan forgiveness - malpractice reduction. Wooing the spouse - to get a recruit more providers
2. More Grant Funding Programs - for education & job growth
3. Consumer Education - A beneficiary needs to be Accountable & Knowledgeable in the benefits they are receiving. As a beneficiary of the Medicaid Program you should be mandated to attend programs that are promoting healthy lifestyles. ^{NOT} Smoking, nutrition. - Understand entitlement

* ~~Disabled~~: Aged

1. Better use of technology - Expand Automotive resources - Telemedicine more intergration of Health Care providers - Participating in the patients whole body care.
2. Decrease regulations for home health services -
3. Incentives employers for more family friendly work environment - Job Sharing Flexible hours to allow care giving.

* Aged: Disabled

1. Keep them ~~and~~ active in the Community - More Community Services
- Mandating medical Home - Coordinating care - Case manager who helps with all aspects of patients care.
- patient Advocacy -
- Increase in work & employment



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Table #: 10

SUGGESTIONS

Children, Families and Pregnant Women:

- Leverage community and faith based organizations to enhance services in the community
- Prevention Education
- MORE RESOURCES INTO THE COMMUNITY
- Coordination of care, integration of behavioral and physical health
- Promote preventive care and Healthy Lifestyles

Disabled:

- more focused case management would improve adherence to medication
- Educate consumers on importance to adherence
- ELECTRONIC Warehousing where patient information can be shared
- One case manager coordinating both physical and behavioral health.
- ✓ - Transportation - improve to improve care
- Education on wellness

Aged:

- Increase reimbursement for home care health services, if services close, will force increased usage in INSTITUTIONS
- Increase Transportation infrastructure to improve preventive care and ability to stay in home - Reducing costs in other areas
- Invite schools out as partners to increase socialization
- Find companies willing to donate time/money for home modifications to allow people to stay in homes



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Table #:

11

SUGGESTIONS

Children, Families and Pregnant Women:

- Use some medicaid dollars to incorporate more health care in schools. This could be accomplished by using mid-level health care professionals actually providing services in the school system. would be a particular benefit to rural schools & communities that have limited access to health care professionals. This could follow the current "school nurse" model but expanded.

Disabled:

productivity "crowded out" by paperwork (direct service)

- When transitioning people out of the medicaid system there must be services & providers available to help with that transition.

Aged:

- Develop adult day centers for the elderly to go to during the day especially in the rural areas. (Intermediate services)
- Pay more attention to the manipulation of assets of the consumers trying to become eligible for medicaid to pay for a nursing facility.
- more incentive for the elderly to purchase long term care insurance to pay for their own nursing home care.
- Decrease the amount of paperwork to keep the license to provide the services in nursing facilities.

* A key point for all these populations is the need for transition between health insurance levels & the transition between services levels.



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Table #: 11

SUGGESTIONS

Children, Families and Pregnant Women:

→ Our table believes that the data is skewed for children & Family Services because the youth served under the S&D waiver. Behavioral health isn't covered at the community service level by Healthwave the illnesses ~~became~~ became more severe until they are considered disabled under the S&D waiver. A mechanism is truly needed to provide community based interventions earlier in the illness of the child.

Disabled: illness of the child.

Aged:



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Table #: 12

SUGGESTIONS

Children, Families and Pregnant Women:

Adhere to regs, ↑ awareness of fraud
Improve integration into the workforce - ↑ incentives, too many disadvantages
Encourage a portion of personal responsibility - co-pays
Centralized services - one stop shopping
Required programs to remain on assistance - programs to enhance skills so in time can do more on their own
Expand BC options for women
(birth control)

Disabled:

Mandate parent/family involvement - create family programs
Incentivize ~~outcome~~ positive outcomes
Integrate behavioral health into physical health sites - using technology to minimize travel, centralize services - one stop shopping
Encourage efficiency
Specialized training for HCBS, incentives for working in rural areas
~~Centralize services~~

Aged:

Specialized training program for HCBS providers, incentives for working in rural areas
Tax care credit for elder care ~~??~~
Develop coalition to review rural & frontier communities - more active approach from rural areas
Create caps on ~~bed rates~~ in daily rates in institutions
Encourage efficiency
Establish a managed care system
Telemed approach - improved coordination of Rx with the numerous providers



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Table #: 13

SUGGESTIONS

Children, Families and Pregnant Women:

Obesity - Ks = 16th in country in obesity + 4th fastest growing state
 Large cuts at federal level = Brown back \$1876 in '96, \$1826 in '02, \$146 in '05
 Mental Health cuts = Caps + Exceptions = More paperwork = more loss in costs
 ↳ less care = Increased Hospitalization
 Survival Mode → Better assurance

Disabled:

Education - Health, preventive care
 OVR - regulation = mandating # of hours
 Increase HCBS Services - Meals on wheels, Public Transportation
 ↳ Encourage volunteerism - schools?
 oral care - improve
 ↳ vision care - invest
 ↳ hearing care - invest

Aged:

Caps - more individualized basis
 Streamline - communication + care
 Bring in specialist to Kansas

Incentives to keep KS professionals



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Table #: 13

SUGGESTIONS

Children, Families and Pregnant Women:

Handwritten: Caps on services - Spending more in long run. More clients have had to go to hospitals, state hospitals, or else go without services. Less \$, less services, not good results! ~~Focus on services~~ Focus on services isn't helping, because it doesn't meet individual needs. plus it will end up costing more for each person because they didn't get the needed services earlier on. Better communication between other agencies. More kids involved in activities Preventative.

Disabled:

Aged:

Handwritten: ~~nothing~~



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Table #: 15

SUGGESTIONS

Children, Families and Pregnant Women:

- Consider IT solutions - databases to help identify local organizations who can provide resources
- Identify children early who can benefit from services now in an effort to reduce cost of services later (MH, judicial)
- Coordinate services instead of duplicating services

Disabled:

Provider rates are a disincentive to providing employment supports for persons w/ disabilities in the community
Continue to invest in early intervention
Invest in transportation in rural communities to enable persons to work

Aged:

- Difficult to keep elderly in the home without natural supports - many have moved to other areas.
- Reimb. rates are not adequate which results in fewer providers. Need to expand provider base. Provide incentives for nursing facilities to provide community-based care. Waiver rates need annual adjustments
- Incentivize people to get LT care insurance
- Do managed care with hospital patients upon discharge to avoid nursing home placements.

→ Incentive to get quality health providers in Western KS
Train the providers that we have here.



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Table #:

16

SUGGESTIONS

Children, Families and Pregnant Women:

Emphasis on prenatal care, preventative care, Intentional Intervention - Personal responsibility - Increased Parenting Education (stress Family Values)

- School lunches - (Free/reduced)
- toxins in our food
- improved nutrition
- Stricter marketing regulations (on food, medications)
- Companies will produce what consumers ask for.

Disabled:

- Difficult to assess due to constantly changing situations with consumers + with changes within the supporting agencies
- Maintain the services provided by schools.
- Increase public knowledge of resources available
- Parent Networking
- Incentive for disabled persons to provide ^{Community} services as they are able.

Aged:

Invest in the High School Votech/Rehab programs so that those students will be able to provide Home Health Services.

Investigate when families are financially abusing their elderly relatives

Simplify the system - Education on ^{how} drug/alcohol abuse ~~is~~ effect us as we age

Utilize technology to maintain contact with the elderly in their homes

OVER ALL: Effective Workgroups that
Develop Real Solutions.



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IF questions call 785-540-4924
DAVE

Table #:

17

SUGGESTIONS

Children, Families and Pregnant Women:

Responsiveness - poor
↓ Efficiency at all levels
Website poor
Gate Keepers poor
Beneficiaries - non-compliance
System Abuse

Technology - I.T. Telemedicine } Embrace
- Home Monitoring
- barriers to specialists

Provider Application Paperwork
needs overhaul

Disabled:

Gate Keeper Process needs standardized
- Waivers are mutually exclusive -
- needs to be personalized.

Prior Authorization - complicated / cumbersome

- Telemedicine - Preventive Service.

- Mental Health - support = barriers because of NO Payment

Aged:

Embrace home monitoring devices - less \$ than nursing homes.

- Prevention - early implantation

- Regulations that make sense -
- Institutional based - need → Med Home based.

- Insurance - no incentive to purchase

- Eligibility programs - need modified
Barriers

- HCBS
- Home Health

Medical Policies
are outdated
Need brought
up to date

Kansas

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Table #: 18

SUGGESTIONS

Children, Families and Pregnant Women:

- Require some kind of compliance if having health issues, reduce repeat visits, hospitals/physicians will provide care and cover cost, cycle continues,
- Need incentives to better use services - Emergency room vs. clinic
- Education. to reach this population
- Does centralization save money in the end? People wait until the very last point to get assistance, condition is bad

Aged: Need more providers in rural towns, not paying travel reduces those willing to go out to remote areas

- Education - to prepare for long term, life choices
- family, faith communities, and civil society can help if process is easier, at this point its very complicated paperwork is not user friendly

Disabled:

- Require compliance among providers, conflicts of interest,
- emphasis on employment when possible
- Have to educate that they have choices

All groups need consideration for rural population needs

Kansas

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Table #:

19

SUGGESTIONS

Children, Families and Pregnant Women:

1. Oral healthcare must be included in any transformation of Medicaid. Preventative care for youth and adults. Continue to explore idea of incorporating mid-level providers.
2. Behavioral health should be incorporated with physical healthcare in Managed Care Programs to increase the holistic approach. Quality would be improved if providers had complete information for patients. Electronic health records, electronic immunization records would improve efficiency and ability to share information across specialties. Tele-medicine utilization would assist access to those in rural KS.
4. Providers who make quality measures would receive incentives (financial) that would make it more likely they would accept Medicaid patients, thus improving access.

Disabled:

Kansas

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Table #:

19

SUGGESTIONS

Children, Families and Pregnant Women:

- Aged:
1. pointed out that HCBS costs reflected ^{my} do not include Drs. and medications.
 2. We are working to prevent premature placement. More education to discharging facilities regarding HCBS and other community options.
 3. Individuals who are admitted to NF have to spend down assets, lose their homes & belongings then when they come home our programs pay to access housing, furniture. Restructure so that assets can be retained for a time.
 4. provide a tax credit for families working to keep loved one in home.
 5. Sleep Cycle Support should be added back to FE waiver.

- Disabled:
- Kansas should opt in to the Community First Choice Option which would come with an increased FMAP of 7 percentage points.
2. Disabled population should have the opportunity to enroll in managed care plan. This would save money and potentially increase access. This would provide info to keep from extra needs.
 3. There is not a bridge to the work & working Healthy Programs from the existing PD waiver. The 1915i program could provide this or a modification on the existing PD waiver. This will encourage more people to work by removing the fear of earning out of benefits.
 - 4.



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20

SUGGESTIONS

Children, Families and Pregnant Women:

1. Eliminate ~~for~~ barriers to insurance as income increases) for example ^{change} monthly obligation to encourage more people to work.
2. Assume managed care must be working

Disabled:

- ① Get rid of state institutions/privatize move some disable back into workforce.
- * Explore - managed care v
- ~~coordination of health call center~~
- * Look at RX-name brand products get prior authorization (Mental health)

Aged:

1. Explore ways to keep people in their homes longer
2. Look at Home Medical Equipment and what costs are billed to Medicaid



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Table #: 21

SUGGESTIONS

Children, Families and Pregnant Women:

Increase Family Planning
Sterilization after 2 children
Enforce immigration laws
(school) Every child should have the same enrollment fee / Spread taxes (out not just to homeowner)
Decrease free school lunch or everyone on decreased rates

Disabled:

Extend working healthy to make treatment more available
Supported Employment
Reduce Spend Down if person is getting treatment regularly or volunteering have time count for spend down
Make more community based services to keep people out of the hospitals & in the communities will lower costs. For ex. homeless shelters, Food banks, crisis house or shelters

Aged:

Put limits of price of medications
Put limits on Doctors appointments, unnecessary
Doctors need to give clearer instructions to patients.

Make Handicapped Parking more accessible to them



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Table #: 22

SUGGESTIONS

Children, Families and Pregnant Women:

Getting them back to work, mandatory drug testing to receive services, offering more training through VR, get word out about services that could help w/jobs

Disabled:

Help people with disabilities get jobs. ~~Create more jobs with some incentives for employers~~ Create more jobs with some incentives for employers, find away to put people together who can do some things with people who cannot do that together in a living facility get the families more involved. Help with disabilities feel better about themselves and about life in general. help people with disabilities get education to learn how to do something useful in life.

Aged:

~~we~~ consider group homes - mixing some that can do more than others out sourcing homes into the community Move them to HCBS and out of the nursing homes to reduce costs. better means to get out to Doctors, Stores, Pharmacy. Better use of medications that you can not use any more to give to some one who can not afford the medicines.